

2020 BI-WEEKLY MEDICAL AND DENTAL DEDUCTION RATES

Plan	Person(s) Covered	Premium Cost			DSA		
		Annual	Monthly	COBRA	CAT 1 Hired before 9/1/2006	CAT 2 Hired 9/1/2006 through 12/31/2017	CAT 3 Hired on or after 1/1/2018
Core Plan Value 2 pkg. #068 Code: ATC	Single	\$7,859.64	\$654.97	\$668.07	\$120.00	\$120.00	\$65.50
	Sponsor Two Person	\$18,135.24	\$1,511.27	\$1,541.50	\$120.00	\$120.00	\$151.13
	Family	\$20,917.68	\$1,743.14	\$1,778.00	\$120.00	\$120.00	\$174.31
	Family No Spouse	\$19,868.28	\$1,655.69	\$1,688.80	\$120.00	\$120.00	\$165.57
Signature Deduct* with \$500/\$1000 HSA Account Code: DAG	Single	\$6,171.84	\$514.32	\$524.61	\$25.00	\$25.00	\$25.00
	Sponsor Two Person	\$14,215.92	\$1,184.66	\$1,208.35	\$50.00	\$50.00	\$50.00
	Family	\$16,381.68	\$1,365.14	\$1,392.44	\$50.00	\$50.00	\$50.00
	Family No Spouse	\$15,572.64	\$1,297.72	\$1,323.67	\$50.00	\$50.00	\$50.00
Obamacare AMV** HDHP	Single	\$3,609.12	\$391.76	\$399.60	\$10.00	\$10.00	\$10.00
	Family No Spouse	\$9,106.08	\$988.48	\$1,008.25	\$248.11	\$248.11	\$248.11
Dental	Single	\$445.20	\$37.10	\$37.84	\$0.33	\$0.33	\$0.33
	Family	\$954.00	\$79.50	\$81.09	\$0.82	\$0.82	\$0.82

* Signature Deductible is an HDHP that comes with County funded \$500/\$1000 HSA for out-of-pockets expenses

** Obamacare AMV (Affordable Minimum Value) is a \$6,000/\$12,000 HDHP plan offered in compliance with Obamacare employer mandates.